

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 14 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

St. Louis

(No.....)

City Hospital No. 1

B 3970

Baby Shelton

## 2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

2250 a North Broadway

St.....

Ward 9

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident, give city or town and State)

File No.....

48526

Registered No.....

6423

St.....

Ward.....

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 17, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

stillborn

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

nil

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year).....11. Total time (years)  
spent in this  
occupation.....12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

St. Louis, Missouri

FATHER

13. NAME

Zeller Shelton

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

St. Louis

MOTHER

15. MAIDEN NAME

Dorothy Aubuchon

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

St. Louis, Missouri

17. INFORMANT  
(ADDRESS)Hosp. Info. M. H. Kent  
City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City Cemetery

DATE

6-26-36

19. UNDERTAKER  
(ADDRESS)

David Owen Hanson

20. FILED

JUN 25 1936

J. H. Bredeck

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

6/17/36

19

22. I HEREBY CERTIFY, That I attended deceased from  
6/17/36 19 to 6/17/36 19

I last saw him alive on 6/17/36 19. Death is said

to have occurred on the date stated above, at 11/55 P.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?.....

Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed).....

City Hospital No. 1

(Address).....

, M. D.

